



Office of Children and Family Services

Family First Prevention Services Act: Status of NYS Implementation

NYPWA Winter Conference, January 2021

Gail Geohagen-Pratt, Associate Commissioner, Division of Child Welfare and Community Services

Renee Hallock, Associate Commissioner, Division of Child Welfare and Community Services

Dr. Rebecca Colman, Director, OCFS Bureau of Research, Evaluation and Performance Analytics

January 22, 2021

Agenda

- Introductions
- Congregate Care/QRTP Provisions Updates
- Prevention Updates
- Question and Answer



Congregate Care Provisions

Family First Prevention Services Act (FFPSA)



The federal Family First Prevention Services Act (FFPSA)

- Signed into law on February 9, 2018
- Makes significant changes to Title IV-E of the Social Security Act
- Intent of promoting interventions that keep children safely at home with relatives, or in the child's community whenever possible
- Changes Title IV-E eligibility and claiming requirements
- Aimed at providing higher quality care in congregate settings with focus on entire family
- Goal is to reduce lengths of stay and prevent recurrence of placement



New York State's goals and Federal Requirements

New York State has set goals to:

- Increase kinship placement to 50%
- Decrease congregate care placements to 12%

FFPSA requires:

- In the case of any child who is placed in a qualified residential treatment program, within 30 days of the start of each placement, the child must be assessed to determine the appropriate level of care by a qualified individual



Qualified Individual (QI)

OCFS has identified the following requirements for the QI:

- Licensed clinician
- Minimum of two years child welfare experience
- Work in collaboration with the local department of social services (LDSS), QRTP and Permanency team to gather information to formulate determination via 30-day assessment

Next Steps

- Letter of Interest (LOI) issued January 15th. Purpose is to establish a list of qualified assessors. Counties would have the option to contract with these individuals



OCFS Activities Update

Functional Behavioral Assessment Tool

OCFS has determined the following two assessments can be utilized by the QI:

- Child and Adolescent Needs and Strengths (CANS)
- Child and Adolescent Services Intensity Instrument (CASII)

Next steps

- Developing algorithm and structured decision-making tool



30-Day Assessment

- Required for all children placed in a QRTP
- Based on an age-appropriate, evidence-based, validated, functional assessment tool approved by DHHS
- Completed by a qualified individual
 - Trained professional or licensed clinician who is not an employee of the state/agency/LDSS or affiliated with any placement setting where the state agency (or LDSS) places children
 - State may apply to DHHS for a waiver certifying that the trained professionals or clinicians conducting the assessments shall maintain objectivity in determining the most effective and appropriate placement for a child; waiver is subject to criteria established by DHHS



30-Day Assessment

Determines whether child's needs can be met with family or through placement in a foster home. If NO, document must include:

- The specific reasons why the child's needs cannot be met in either a family home or in a foster home (shortage or lack of foster homes is not an acceptable reason)
- Why placement in a QRTP will provide the child with the most effective and appropriate level of care in the least restrictive environment
- Short/long-term mental health and behavioral goals
- How the placement is consistent with the child's short-term and long-term goals as specified in the child's permanency plan



30-Day Assessment – State Requirements

- Assemble a family and permanency team consisting of:
 - All appropriate biological family members, relatives and fictive kin
 - Professionals who are a resource to the child's family
 - For children 14 years or older, individuals selected by child in accordance with Title IV-E requirements
- Complete extensive case record documentation regarding family involvement in permanency planning



60-Day Court Review

Within 60 days of a child's placement in a QRTP, the court must:

- Consider the qualified individual's 30-day assessment
- Approve or disapprove the placement
 - Determine whether the child's needs can be met in a foster home
 - If not, whether placement in a QRTP provides the most effective and appropriate level of care in the least restrictive environment consistent with the goals outlined in the child's permanency plan
- Decision must be made part of the child's case record



Documentation Requirements

When a child is in a QRTP for more than 12 consecutive months, 18 non-consecutive months or 6 months for a foster child younger than 13, the state agency must submit to DHHS:

- The latest version of the evidence and documentation referenced in the previous slide provided to the court at the permanency hearing or status review
- Signed approval by the state agency head for continued placement in the QRTP



Categories of Congregate Care Programs

The FFPSA defines two distinct categories of congregate care programs:

1. Non-Specified Setting

Categorized as “non-specified setting” unless they have met the requirements to be designated as a “specified setting”

Youth placed in a “non-specified” program are only eligible under Title IV-E for the first 14 days of such placement



Categories of Congregate Care Programs cont.

2. Specified Setting

Programs that meet the definition of “specified setting” include **only**:

- A **Qualified Residential Treatment Program (QRTP)**
- A **QRTP Exception**, which includes :
 - A setting specializing in providing prenatal, post-partum, parenting supports for youth
 - A supervised independent living program (SILP) for youth **18 years of age** or older
 - A setting providing high-quality care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims

Youth placed in a congregate program that is a specified setting may, if all other eligibility requirements are met, be eligible under Title IV-E for the duration of such placement



FFPSA Requirements of QRTPs - Accreditation

The program must meet the definition of a child care institution, including being licensed by NYS OCFS and accredited by one of the following:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- The Council on Accreditation (COA)
- Other independent, not-for-profit organization approved by DHHS

FFPSA Requirements of QRTPs- Accreditation

Required Item:

- Agency and/or program must submit accreditation information (certificate or other similar item from the accrediting agency) as part of the QRTP application process, detailing the time-period of active accreditation
- A program must maintain active accreditation status to maintain QRTP designation
- Agencies and Programs will continue to follow and adhere to current OCFS licensing standards for the purpose of meeting this requirement



FFPSA Requirements of QRTPs- Background Checks

QRTP must conduct state and federal background record checks for all employees working in the facility

- State and federal criminal record checks
- New York Statewide Central Register (SCR) of Child Abuse and Maltreatment
- Any child abuse register of another state where individual has resided in the last 5 years regardless of the level of contact with children placed in the program
- Comports with NYS' change in policy in 2019 as described in 19-OCFS-ADM-21 - Expansion of Background Checks for Congregate Care Staff Under the Family First Prevention Services Act (FFPSA)

Required Item:

- The agency must submit policies and procedures directly relevant to the process by which employees of the agency receive criminal background and SCR checks



FFPSA Requirements of QRTPs - Trauma-Informed Treatment Model

- QRTP must have a trauma-informed treatment model designed to address the needs of children with serious emotional or behavioral disorders
- OCFS looked to the national standards set forth by:
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - National Child Traumatic Stress Network (NCTSN) to provide the framework for a trauma-informed model
- OCFS expects any prospective QRTP to meet the nationally recognized standards, regardless of its specific trauma-informed model



FFPSA Requirements of QRTPs-Trauma-Informed Treatment Model cont.

SAMHSA has outlined a set of six core principles and ten implementation domains that offer a framework for implementing a trauma-informed approach:

Key Core Principles:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues

Implementation Domains:

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation



FFPSA Requirements of QRTPs- Trauma-Informed Model

NCTSN states: “A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.”

A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

1. Routinely screen for trauma exposure and related symptoms
2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms
3. Make resources available to children, families, and providers on trauma exposure, its impact, and treatment
4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
5. Address parent and caregiver trauma and its impact on the family system
6. Emphasize continuity of care and collaboration across child-service systems
7. Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness



FFPSA Requirements of QRTPs – Trauma-Informed Model

Required Item:

Article 29-I license already expects agencies to have a trauma-informed policy. If an agency or program already submitted a trauma-informed policy, it should:

- be reviewed to comply with any additional guidance from OCFS as relates to QRTP requirements.
- describe, in writing, how its trauma-informed treatment model impacts specific areas of the following four domains:
 1. Agency Leadership Role Implementation and Sustainability
 2. Description of Program and Model of Care
 3. Staff Training and Development
 4. Screening, Assessment and Treatment Services



FFPSA Requirements of QRTPs – Nursing Staff

- Must have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice, as defined by State law, are on-site in accordance with the selected treatment model, and available 24-hours a day and 7 days a week
- Programs with access to nursing staff or other licensed clinical staff as part of the agency operating the program will meet this requirement if the medical staff work regular business hours and are available 24-hours a day and 7 days a week

Required Item:

- Agencies seeking QRTP designation status can meet this requirement by maintaining
- the Article 29-I licensure status



FFPSA Requirements of QRTPs – Family Outreach and Engagement

The program must facilitate and document family outreach, including siblings, and document how the family is integrated into the treatment process, including post-discharge

In NYS, any congregate care program working with families involved in the NYS child welfare system is required to:

- involve the family and any identified family resources in the treatment process
- make diligent efforts toward maintaining familial bonds to the extent practicable

As relates to QRTP, “family” is: any relative, fictive kin or other resources as identified by the family, child, LDSS or service providers

Required item:

- Ongoing efforts toward family engagement, outreach, maintaining familial bonds and support (e.g. sibling, or grandparent visitation), and involvement in the treatment process and service planning will be documented regularly in CNNX via the Family Assessment and Service Plan and progress notes



FFPSA Requirements of QRTPs- Family Outreach and Engagement

Agencies and programs should always endeavor to:

- Conduct case activities with needs of youth and/or parent in mind
- Elicit youth and/or parent understanding and perspective on case circumstances
- Conduct case discussions with transparency—Title IV-E/ASFA time frames, permanency options
- Demonstrate active involvement of youth and family in case planning discussions

Required Item:

- Agencies seeking QRTP status must submit policies and procedures that describe how they facilitate family outreach and include all identified resource family members in the treatment process



FFPSA Requirements of QRTPs- Discharge Planning

The program must provide discharge planning and family-based aftercare support for at least six months post-discharge. The discharge plan:

- should begin on the first day of placement
- must be created within the first 30 days of the child's placement in conjunction with and approval of the child's permanency team
- must be developed with input from healthcare providers, mental health service providers, other service providers involved with the child, the parent/caretaker, identified kin or fictive kin resources and the child, when appropriate

Required Item:

- The Article 29-I license requires agencies to have a discharge planning policy. If already submitted, this plan should be reviewed to comply with any additional guidance from OCFS regarding QRTP requirements
- A youth receiving services from a QRTP must have a discharge plan that includes items required by the Article 29-I license for the purposes of health services coordination, in addition to items directly related to their placement and other service needs as determined by the permanency team



FFPSA Requirements of QRTPs- Family-based Aftercare Support

- QRTPs are required to provide 6 months of family based aftercare support
 - should be provided when a youth is discharged from a QRTP to a family-like setting, including a relative or foster home placement
 - not required when a youth is transferred to another QRTP or congregate care setting
- QRTP must provide and/or arrange the services necessary to meet identified discharge plan goals for youth and family
- QRTP must provide the services directly, or through another service provider
- Any time a service provider is unable to serve a youth or family as part of the required aftercare support, the QRTP must facilitate the arrangement of another service provider or provide the service directly
- Providing 6 months of aftercare support does not require the QRTP to provide a duplicate service
 - In circumstances where a necessary service can be provided by the QRTP, or another service provider, the treatment team should identify which provider can best meet the youth and family's needs and goals.



FFPSA Requirements of QRTPs- Family-based Aftercare Support

Diligence of Efforts:

- Any contact or attempted contact with the youth and family, or any diligent efforts made as part of providing 6 months of aftercare support must be documented as part of the youth's record
- Documentation may occur where appropriate, in CNNX or a service provider's health care records, provided that information can be made accessible to OCFS upon request
- Where there is no existing mandate to compel a youth or family to participate in services, such as when a youth is discharged from foster care and/or there are no current court orders, a QRTP is still required to provide family-based aftercare support for at least six months
- In any instance when a youth or family refuses to participate in aftercare support and/or services, the QRTP must make diligent efforts to engage the youth and family to meet the minimum standard contacts for QRTP aftercare support, as described below:
 - There may be circumstances where a family refuses services for the first month (or longer) after discharge from the QRTP, then later identifies a need for aftercare support
 - In any case where a family refuses services or support, it is necessary that the QRTP document any and all efforts to meet the minimum monthly contacts for the entire period of 6 months post-discharge from the QRTP



FFPSA Requirements of QRTPs- Family-based Aftercare Support

Proposed Minimum Standard Contacts for QRTP Aftercare Support:

Month 1:

- 2 substantive face-to-face contacts with child/youth
- At least one of the two contacts must be held at the child's/youth's place of residence
- 2 substantive face-to-face contacts with caregivers
- At least one of the two contacts must be held at the child's/youth's place of residence

Month 2-6:

- 1 substantive contact with child/youth
- At least one of the monthly contacts every 60 days must be at the child/youth's place of residence
- 1 substantive face to face contact with the caregiver
- At least one of the monthly contacts every 60 days must be at the child/youth's place of residence

The contacts must directly address the goals articulated in the QRTP Discharge Plan. Documentation of contacts must include:

- Progress on goals
- Outstanding needs
- Strategies to address outstanding needs



QRTP Exception Programs

Prenatal, Post-natal, Parenting (PPP)

- A PPP QRTP Exception is a specific category that qualifies for long-term Title IV-E foster care maintenance payments
- All currently licensed and operating mother/child programs must apply to be a PPP QRTP exception
- PPP program must meet specific requirements to be considered a PPP QRTP exception

Required item:

- Program description must include policies or description regarding the following nine categories: licensure/approval, admission/intake, residential care and treatment, case planning and permanency services, clinical and behavioral health services, medical services for youth and child, prenatal, postnatal, parenting services, educational/vocational/employment and independent living support and community partnership



QRTP Exception Programs

Commercially Sexually Exploited Children (CSEC)

- FFPSA requires that CSEC QRTP exception programs provide high-quality residential care and supportive services
- A CSEC QRTP exception is a specific category that qualifies for long-term Title IV-E foster care maintenance payments
- To be considered a CSEC QRTP exception, a program must meet specific requirements
- For any program that is determined to have met all of the requirements and has been issued the applicable operating certificate, the agency or program must inform OCFS of any changes to the program model that impacts CSEC program requirements

Required item:

- In addition to maintaining AOBH licensure, programs must submit materials to OCFS regarding the following categories: program description, admission/intake, staffing, supervision, and training, therapeutic model of service, mental health and healing supports, physical and sexual health and well-being, supports for behavioral health and well-being, behavior management, de-escalation, incident and crisis management, organizational capacity



QRTP Exception Programs

Supervised Settings (SS) for youth 18 years of age and older

SS QRTP exceptions include the following:

- Supervised Independent Living Programs (SILP)
- college housing inclusive of dormitories on campus
- shared housing with non-foster care youth in the community
- room rentals including with a relative

The established 08-OCFS-ADM-07, *Standards and Procedures for Approval of Supervised Independent Living Programs*, provides information on how to apply for the authority to operate a SILP (which will be under the supervised settings QRTP exception), and will continue to be the application process for any of the SS QRTP Exceptions

Additional information will follow as OCFS must seek statutory changes to include ALL of the above supervised settings as QRTP exceptions that will meet the federal criteria for IV-E reimbursement



Applying for QRTP Status

- An agency seeking QRTP status for a licensed congregate care program operating within NYS must complete the QRTP application process through the NYS 29-I VFCA Health Facilities Licensure portal (29-I portal)
- To apply within the 29-I portal, an agency will indicate, by site/program location, if they are applying for QRTP or QRTP exception status
- The agency must complete and upload that information into the 29-I portal for review by OCFS
- Agencies will complete a signed attestation to indicate the submission of all materials required for QRTP designation review and understanding of all requirements for a program to operate as a QRTP



Applying for QRTP Status

- Any program determined to have met all requirements and given QRTP status is expected to immediately report to OCFS any changes to the agency or program that may affect the program's capacity to meet any of the listed requirements
- A QRTP status designation will be given to programs that have met all the requirements outlined above, as determined by OCFS review of submitted application materials



Prevention Services

FFPSA creates new opportunities

- States with an approved prevention plan can receive 50% reimbursement for qualified in-home parenting, substance abuse and mental health services provided to:
 - “candidates for foster care” and their caregivers, and
 - children in foster care who are pregnant or parenting and their caregivers



To draw down federal prevention funds, states must:

- Be implementing FFPSA congregate care provisions
- Have an approved 5-year state prevention plan
- Use evidenced-based programs rated and approved by the Title IV-E Prevention Services Clearinghouse
- Demonstrate maintenance of effort (MOE)
- Have an evaluation/CQI plan for all chosen services



Timeline

- Goal is to submit initial 5-year state prevention plan to ACF for review
- Anticipate amending over time to include additional EBP programs as resources permit and/or Clearinghouse updates occur

Key Plan Components

- Candidacy definition
- Eligibility determination process
- Target population (#, description of needs)
- Services to be offered and how they were selected
- “Well-designed, rigorous” evaluation plan/CQI plan for each selected service
- Maintenance of Effort (MOE)



Key Plan Components

- Candidacy definition ✓
- Eligibility determination process ✓
- Target population (#, description of needs) ✓
- Implementation Plan- Proposing 3 Phases
 - Services to be offered and how they were selected
 - “Well-designed, rigorous” evaluation plan/CQI plan for each selected service
- Maintenance of Effort (MOE)



Candidacy

Goal: Make it broad and clear!



Candidacy

Under Family First, states can claim Title IV-E Prevention services funds for any FFPSA approved services provided to:

- “candidates for foster care”
- children in foster care who are pregnant or parenting
- the caregivers of above children

To be considered a “candidate for foster care” a child must be an imminent risk of foster care placement. How to interpret imminent risk is left to individual state’s discretion

Distinct from Title IV-E foster care eligibility



Foster Care Candidacy

- Keeping it simple- caseworkers already evaluate imminent risk when deciding whether a family is eligible for mandated preventive services
 - New York State Social Services Law [SSL 409-a(1)]
 - OCFS regulation 18 NYCRR 430.9



Proposed NYS Approach

Claim FFPSA prevention reimbursement for any child and/or their caregiver who receives an evidence-based program (EBP) included in the NYS prevention plan when:

- The child is not in foster care or trial discharge status and has an open, mandated preventive services case
- The child is pregnant/parenting and in foster care

Includes families with mandated preventive cases where child is not in home (e.g., 1017 placement, informal kinship care)



Eligibility determination process

- Follow existing practice for mandated preventive eligibility determinations
 - Workgroup exploring possible amendments to FASP to better document program choice justification/qualifying criteria
- If child has open, mandated preventive case, is not in foster care or on trial discharge, and is receiving a FFPSA EBP- enter candidacy codes into activities module in Connections
- Or enter code for pregnant/parenting youth



Target population

- Approximately 34,000 children newly authorized to receive mandated preventive services in 2019 statewide
- Provided counties with data packets in August 2020 that showed mandated preventive services authorizations in 2018 by child age/ service need based on FASP scales
- May be able to expand numbers to include children entering foster care without prior preventive services

Target population

# Children with Mandated Preventive Cases Opened (2019)	Need	Estimated # of Candidates with Need	
		#	%
33,831	Parenting	28,758	85%
	Parent Mental Health	4,662	14%
	Parent Substance Use	2,572	8%
	Child Mental Health	15,585	46%
	Child Substance Use	1,852	5%



Implementation Plan – EBP Selection

States can only claim for evidenced-based programs (EBPs) rated and approved by the FFPSA Clearinghouse as:

- promising
 - supported
 - well-supported
- As of January 2020, approved/rated 24 programs in the first three categories, 11 more did not meet criteria

available at: <https://preventionservices.abtsites.com/>



EBP Ratings – federal requirements

Well-supported: has at least two contrasts with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome

Source: Handbook of Standards and Procedures VERSION 1.0;
OPRE Report 2019-56
April 2019

EBP Ratings – federal requirements

Supported: has at least one contrast in a study carried out in a usual care or practice setting that achieves a rating of moderate or high on design and execution and demonstrates a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome

Promising: has at least one contrast in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome

Source: Handbook of Standards and Procedures VERSION 1.0;
OPRE Report 2019-56
April 2019



Evaluation/CQI – federal requirements

- For all EBPs included in the state prevention plan, states must
- Describe *“how implementation of the services will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices”*
- Include *“a well-designed and rigorous evaluation strategy”*
- **If EBP is well-supported can request waiver of evaluation requirement**



Evaluation/CQI - federal requirements

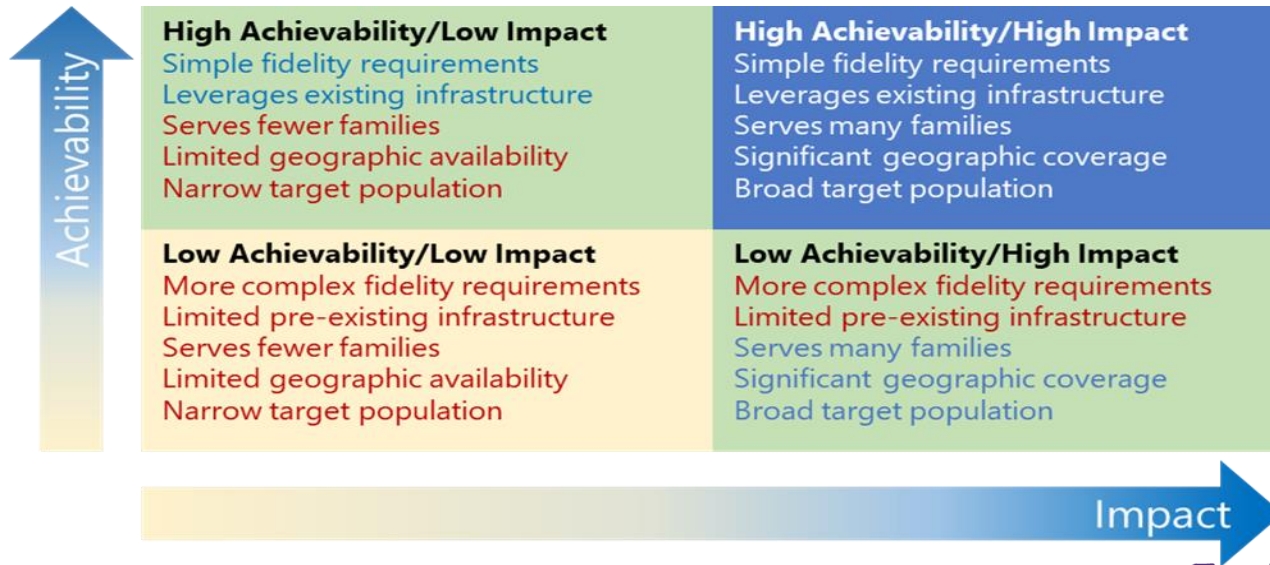
Key take-aways:

- High federal expectations/threshold for approval of supported or promising programs- must have strong evaluation design
- Building sufficient evidence to get a program reviewed/approved by Clearinghouse is a resource and time intensive process



OCFS EBP Selection Strategy

- Maximize services to improve outcomes
- Go for early wins while state and local partners collaborate to building long-term expansion/evaluation plans



Phase One

Description	Targeted EBPs
<ul style="list-style-type: none">• Request approval for all EBPS rated as Well-Supported on FFPSA Clearinghouse and endorsed as effective by local districts that have existing provider infrastructure/capacity• Create immediate claiming opportunities for offering districts with service costs beyond MOE• Expansion of existing programs to address waitlists/unmet needs	<ul style="list-style-type: none">• Brief Strategic Family Therapy• Functional Family Therapy• Healthy Families• Homebuilders• Motivational Interviewing• Multi-systemic Therapy• Nurse Family Partnerships• Parent-Child Interaction Therapy• Parents as Teachers



Phase One – County Role

- Counties can contract for programs included in state plan and will need to provide attestation that local program:
 - Uses FFPSA approved model/manual
 - Is trauma-informed
 - Has CQI process in place/ability to provide data on key fidelity and short-term outcome measures



Phase One – State Role

- Obtain plan approval/provide menu of approved EBPs for county selection
- Federal reporting/ tracking of long-term outcomes (i.e., admissions to foster care)
- Training/implementation support for select EBPS
 - Motivational Interviewing
 - HFNY-child welfare model



Phase Two

Description	Targeted EBPs
<p>Work with local districts and providers to:</p> <ul style="list-style-type: none">• Expand availability of well supported EBPs to interested districts currently without programming• Procure resources to support evaluation activities• Identify and prioritize programs rated as supported or promising by FFPSA Clearinghouse, or other similar clearinghouses, with existing local investment• Develop and implement rigorous evaluation designs for prioritized programs• Amend and resubmit state prevention plan to include an expanded menu of programs eligible for FFPSA claiming	<p>Initial list for consideration includes:</p> <ul style="list-style-type: none">• Child Parent Psychotherapy• Trauma Focused Cognitive Behavioral Therapy• High Fidelity Wrap



Phase Two - Roles

- State/county work together to identify resources and conduct evaluation of prioritized supported/promising program models, and to
- Explore possibilities for supporting EBP expansion (e.g., regional contracting)



Phase Three

Description	Targeted EBPs
<p data-bbox="305 274 1089 347">Work with local districts and providers to:</p> <ul data-bbox="305 405 1166 958" style="list-style-type: none"><li data-bbox="305 405 1166 653">• Identify and prioritize homegrown/locally adopted programs valued by districts that have not been reviewed and/or rated by FFPSA Clearinghouse for possible inclusion in evaluation studies<li data-bbox="305 707 1031 827">• Develop and implement rigorous evaluation designs for prioritized programs<li data-bbox="305 882 948 958">• Submit programs for FFPSA Clearinghouse consideration	<p data-bbox="1199 274 1553 306">To be determined</p>



MOE

Demonstrate maintenance of effort (MOE)

- FFPSA funds cannot supplant existing spending
- State Title IV-E agencies must maintain at least the same level of state foster care prevention expenditures spent in FY2014 on selected EBPs
- At least 50 percent of a state's total FFPSA prevention expenditures must be for “well-supported” services by 2024



MOE

- Partnered with Chapin Hall and PCG to create county survey of 2014 expenditures on all EBPS currently reviewed/under review by Clearinghouse
- Counties should have completed their fiscal survey by 1/8/21



Questions?